



IFW

PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----------------------|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/807,009 | |
| | Filing Date | March 23, 2004 | |
| | First Named Inventor | Misty AZARA et al. | |
| | Art Unit | UNKNOWN | |
| | Examiner Name | UNKNOWN | |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | FX/A3007Q2-317005 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1 Suppl. Appl. Data Sheet Submission; 1 Suppl. Data Sheet; and 1 marked up copy |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Christian Austin-Hollands (Reg. No. 46,527) Customer Number 31011 Tel. 415.762.9543 |
| Signature | |
| Date | May 24, 2004 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|--|------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | | |
| Signature | | Date |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/807,009
Applicants : Misty AZARA et al.
Filed : March 23, 2004
TC/A.U. : UNKNOWN
Examiner : UNKNOWN
Docket No. : FX/A3007Q2-317005
Customer No.: 31011

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL APPLICATION DATA SHEET SUBMISSION

Sir:

Applicants submit a Supplemental Application Data Sheet for the above-identified application. A marked up copy of the Supplemental Application Data Sheet that indicates the requested changes with underlining and strikethrough is also attached.

Respectfully submitted,

Christian Austin-Hollands
Reg. No. 46,527

Date: MAY 24, 2004

CHRISTIAN AUSTIN-HOLLANDS
P.O. Box 170325
San Francisco, CA 94117
Telephone: (415) 762.9543

| |
|---|
| <p>DEPOSIT ACCOUNT USE AUTHORIZATION Please grant any extension necessary for entry; Charge any fee due to Deposit Account No. 50-3023</p> |
|---|



Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R? None
Title:: Systems and Methods for Determining and
Using Interaction Models
Attorney Docket Number:: FX/A3007Q2-317005
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 6
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Misty
Middle Name::
Family Name:: AZARA
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 700 E. Denny Way #604
City of mailing address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98122

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Livia
Middle Name::
Family Name:: POLANYI
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4037 Villa Vista
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94306

Applicant Authority type:: Inventor
Primary Citizenship Country: ITALY
Status:: Full Capacity
Given Name:: Giovanni
Middle Name:: L.
Family Name:: THIONE
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4533 18th Street #2
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94114

Applicant Authority type:: Inventor
Primary Citizenship Country: NETHERLANDS
Status:: Full Capacity
Given Name:: Martin

Middle Name:: H
Family Name:: VAN DEN BERG
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4037 Villa Vista
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94306

Correspondence Information

Correspondence Customer Number:: 31011

Representative Information

Representative Customer Number:: 31011

Domestic Priority Information

| | | | |
|------------------|----------------------|----------------------|----------------------|
| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation-in-part | 10/781,443 | 02/18/2004 |

Assignee Information

Assignee Name:: FUJI XEROX CO., LTD.



Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R? None
Title:: Systems and Methods for Determining and
Using Interaction Models
Attorney Docket Number:: FX/A3007Q2-317005
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 6
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Misty
Middle Name::
Family Name:: AZARA
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 700 E. Denny Way #604
City of mailing address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98122

Applicant Authority type:: Inventor
Primary Citizenship Country: US
Status:: Full Capacity
Given Name:: Livia
Middle Name:: _____
Family Name:: POLANYI
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4037 Villa Vista
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94306

Applicant Authority type:: Inventor
Primary Citizenship Country: ITALY
Status:: Full Capacity
Given Name:: Giovanni
Middle Name:: L.
Family Name:: THIONE
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4533 18th Street #2
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94114

Applicant Authority type:: Inventor
Primary Citizenship Country: NETHERLANDS
Status:: Full Capacity
Given Name:: Martin

Middle Name:: H
Family Name:: VAN DEN BERG
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4037 Villa Vista
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94306

Correspondence Information

Correspondence Customer Number:: 31011

Representative Information

Representative Customer Number:: 31011

Domestic Priority Information

| <u>Application::</u> | <u>Continuity Type:</u> | <u>Parent Application::</u> | <u>Parent Filing Date::</u> |
|-------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>This Application</u> | <u>Continuation-in-part</u> | <u>10/781,443</u> | <u>02/18/2004</u> |

Assignee Information

Assignee Name:: FUJI XEROX CO., LTD.